

ABSTRACT

TITLE OF THE ABSTRACT : Outcome of early stage cervical carcinoma treated with Radical hysterectomy

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OBJECTIVES: The objective of this study was to evaluate the survival outcome, prognostic factors and complications of Radical hysterectomy for the treatment of early stage (I-IIA) cervical carcinoma at our institution.

METHODS: The medical records of cervical cancer patients who underwent Radical hysterectomy and pelvic lymphadenectomy at Christian Medical College Hospital over 10 years between January 2001 and December 2010 were reviewed. There were 61 patients in the study period. These patients were contacted by mail and over phone and were asked to come for review. During review, clinical examination was done and USG abdomen & pelvis and chest X-ray was taken to look for local and distant metastasis. Other treatment details were collected from the OP chart and the electronic data available in the computer. Survival rate was analyzed using Kaplan-Meier life table analysis. Chi-square test was used for statistical analysis for significance wherever appropriate. Survival outcome and pattern of recurrence in subgroups were analyzed by using Log rank test.

RESULTS: The mean age of the patient was 53 years of age. The distribution of FIGO staging was: stage IA 12%; stage IB 80%; and stage IIA 8%. The most common histology was squamous cell carcinoma (79%) followed by adenocarcinoma (18%). Deep stromal invasion and LVSI were detected in 39% and 25% of patients respectively. Pelvic nodes, parametrial and vaginal margin involvement were detected in 14%, 7% and 20% of patients respectively. Intra-operative complications were seen in 11%; the main ones being 4.9% ureteric injury, 4.9% injury to pelvic vessels and 1.6% bowel injury. In the post-operative period, 30% of patients had urinary tract infections, 23% developed voiding dysfunction, 10% had wound dehiscence and 1.6% ureteric fistula. Late complications included 3.7% bladder dysfunction, 3.7% had bowel complications and 1.8% lymphedema. 59% of patients underwent radical hysterectomy alone; 41% received adjuvant RT due to presence of intermediate and high risk factors. The 5 year survival rate was 95%. Recurrence occurred in 8% of patients within 36 months and 19% by 60 months. The

incidence of recurrence of disease after surgery was 15%. Out of which, 88% had local recurrence and 12% had distant metastasis. Our study did not find any statistically significant risk factors for recurrence however high grade squamous cell carcinoma histology, positive margins and parametrial invasion were found to be independent adverse prognostic factors for recurrence in such patients. It was concluded that early stage cervical cancer patients treated with Radical hysterectomy with pelvic lymphadenectomy have favorable survival outcome and minimal morbidity with proper case selection and with good operative technique.

KEY WORDS: stage IA-IIA cervical cancer, radical hysterectomy, pelvic lymphadenectomy, survival, recurrence, complications.